



Northwest PADRECC
Parkinson's Disease Research, Education & Clinical Center

Portland VA Medical Center ♦ 3710 SW US Veterans Hospital Road ♦ P3-PADRECC ♦ Portland, OR 97239 ♦ (503) 721-1091

VA SPECIAL FELLOWSHIP IN MOVEMENT DISORDERS - APPLICATION

PLEASE TYPE OR PRINT LEGIBLY – all questions must be answered in full. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. Form must have original signatures.

Name:			
Last Name	First Name	Middle Name	Maiden Name
Present Address:			
Number & Street	City	State	Zip
Home Address:			
Number & Street	City	State	Zip
Date of Birth:		Present Telephone Number:	
Place of Birth:		Cell Phone Number:	
Social Security Number:		Pager Number (required):	
Email Address (required):			
Country of Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Other		If not US Citizen, list visa type and number:	

Colleges or Universities:	Degree/Certificate:	Dates Attended:
Medical School:	Degree:	Dates:
Internship Hospital:	Service:	Dates:
Residency Hospital:	Service:	Dates:
Staff Positions Hospital:	Service:	Dates:
USMLE Scores: Grade Step 1 _____ OR NBME: Grade Step 2 _____ Grad Part I _____ Grade Step 3 _____ Grad Part II _____ Grad Part III _____		
Check One: Neurology <input type="checkbox"/> Board Eligible <input type="checkbox"/> Board Certified		Year:
Licensure if any: State(s): _____ License Number(s): _____		

Research experience, publications, special skills:

Electives, foreign travel, special medical experiences:

Honors:

Future plans in medicine:

Major extracurricular interests:

Signature: _____ Date: _____

Applications will not be considered without three letters of recommendation. One must be from the Director of the applicant's residency program

Letters of recommendation should be mailed directly to the program address available on page one of this application.

Optional: the following information is to be used by Affirmative Action Program for statistical purposes only:

Race _____ Sex _____